

Alexandria Department of Recreation, Parks and Cultural Activities

1108 Jefferson Street Alexandria, Virginia 22314-3999 (703)838-4343 FAX(703)684-6826



VOLUNTEER APPLICATION

Name:Last	First		Middle Initial				
Home Address:_	City:	City:		Zip Code:			
Home Phone:	Work Phone:	Work Phone:Pager/Cell Phone:					
E-mail Address:_	Fax:						
Date of Birth:	(if under age 18)						
Education:	(circle highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 (circle years of education past high school) 1 2 3 4 5 6 7+						
Language(s) spol	ken other than English:						
Current Employ	er: Position	Held:_					
Special skills, in	terest or hobbies:						
Have you volunt	teered with the Alexandria Department of R	ecreatio	n, Parks and Cultural Act	ivities before?			
□Yes□No If	yes, when? in	n what c	apacity?				
Other volunteer e	experience(s):						
	ysical limitations, medical problems, allergio						
Check the areas	you are most interested in volunteering:						
	Administrative Support		Special Events				
	Adult Sports		Summer Camp				
	Arts & Crafts		Therapeutic Recreation	n			
	Centers and Playgrounds		Tutoring				
	Cheerleading		Youth Sports				
	Cultural Arts		Other				
	Parks/Natural Resources/Nature Center Senior Programs						
Check age groups you are most interested in volunteering:		□ Preschoolers □ Elementary Age □ Middle School Age □ Teens □ Young Adults □ Adults □ Seniors					
List days and tin	nes you are available to volunteer:						
Have you ever b	een convicted as an adult for a violation of t	he law?	□ Yes □No If yes, ple	ase explain in detail.			

Note: A criminal conviction will not automatically disqualify applicants for a volunteer position. Consideration may be given to individuals based on the nature of the offense(s) and length of time since the occurrence. However, it is the intent of the Alexandria Department of Recreation, Parks and Cultural Activities to select prospective volunteers with no criminal history. Prior to placement, applicants will be required to undergo a Background Screening so the information provided above can be verified.

Please include an	y other information that n	night be helpful or necessary in evalu	ating this applica	ation:		
How did you hear	about the Department's vo	lunteer opportunities?				
List two (2) local		Daytima Phone:	Evaning Dhone			
		Daytime Phone: Daytime Phone:				
update the Alexand further authorize th	ria Department of Recreatione Alexandria Department of	ormation provided is true and complete. on, Parks and Cultural Activities of any of Recreation, Parks and Cultural Activ nat all information provided by me will be	changes to the info	ormation provided. I/we ackground screening as		
Signat	ure:	Da	Date:			
			* *****	>>>>		
If you are under 1	18 years of age, your pare	nts must complete the following:				
Mother/Guardian	's Name	Work Phone:F	Home Phone:			
Father/Guardian's	s Name:	W ork Phone:l	Home Phone:			
In case of an emerg	gency call:	Relationship:	Phone Number:			
		Date of last Tetanus:				
		hing the Department should know abo				
	ame)ecreation, Parks and Cultu	has my permission to ural Activities.	serve as a volunt	teer for the Alexandria		
Signature of Pare	nt/Guardian:	Date:				
Providing the following	lowing information is opt	onal and will be used for statistical p	ourposes only.			
Check th	ne appropriate box:		□Female □Male □Disabled			
Check th	ne box for the racial or et	hnic group with which you identify:	□ African American □ Native American □ Asian-Pacific Islander □ Hispanic □ Multi ethnic □ White □ Other			
Check your age group:			□Under 12 □20-29 □40-49 □60-69	□12-19 □30-39 □50-59 □70+		